DÉCLARATION AND POWEN OF ATTORNEY FOR PATENT APPLICATION

ATTORN_ / DOCKET NO. 10019119-1

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As a below named inventor, I hereby declare that:

My residence/nest office address and citizenship are as stated below next to

My residence/post office	e addre	ss and citizenship	are as	stated below next	to my name;				
I believe I am the originand joint inventor (if plua patent is sought on the	ural nam	nes are listed belov	r (if or v) of th	nly one name is lis ne subject matter v	ted below) or an original, first which is claimed and for which				
Slotted Substrate and M	Method	f Making							
the specification of wh	ich is at	tached hereto unle	ess the	following box is c	hecked:				
•				_					
	() was filed on as US Application No. or PCT International Application Number and was amended on (if applicable).								
I hereby state that I had including the claims, as disclose all information	s amend	ded by any amend	iment(s	s) referred to abov	above-identified specification, e. I acknowledge the duty to CFR 1.56.				
	y benefits below and	under Title 35, Unite have also identified be	elow any	foreign application for	any foreign application(s) for patent or patent or patent or inventor(s) certificate having				
COUNTRY	Т	APPLICATION NUMBER		DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119				
					YES: NO:				
	-				YES: NO:				
Provisional Application									
I hereby claim the benefit ur below:	nder Title	35, United States Coo	le Sectio	n 119(e) of any United	States provisional application(s) listed				
1		APPLICATION NUMBER		FILING DATE					
1									
									
U. S. Priority Claim				•					
manner provided by the first	t paragrap le 37, Cod	h of Title 35, United Side of Federal Regulation	States Cons. Secti	ode Section 112, Lack ion 1.56(a) which occur	e prior United States application in the nowledge the duty to disclose material rred between the filing date of the prior				
APPLICATION NUMBER		FILING DATE		STATUS (patented/pending/abandoned)					
									
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and T				and/or agent(s) to pros	ecute this application and transact all				
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Intellectual Property Adn P.O. Box 272400	ninistratio	n		Lucinda G. Price					
Fort Collins, Colorado 8	0527-240	00		(858) 655-3251					
L b b de eleve Ab et e	-11 -4-4-								
made on information a with the knowledge	and be that wi , under	lief are believed to Ilful false statem Section 1001 of	b be tri ents a Title 1	ue; and further than nd the like so m 8 of the United St	are true and that all statements at these statements were made ade are punishable by fine or ates Code and that such willful ent issued thereon.				
Full Name of Inventor: Thomas H. Ottenheimer Citizenship: USA									
Residence: 33814 Mary's River Estates Road, Philomath, Oregon 97370									
		Residence							
Thomas H.	Clu	7		July 29	th, 2002				
Inventor's Signature	Jum	tipis		Date	12002				

Rev 10/01 (DecPwr)

DECLARATION AND POWE)F ATTORNEY FOR PATENT APPLICATION (continu d)

AT NEY DOCKET NO. 10019119-1

Full Name of # 2 joint inventor:	Martha A. Truninger		Citizenship: USA					
Residence:	1130 NW Overlook Drive, Corvallis, Oregon 97330							
Post Office Address:	Same as Residence							
Month		7/29/	2802					
Inventor's Signature	_	Date						
	1. # . O Ob 4		Olitica and the LICA					
Full Name of # 3 joint inventor	895 NW Carpathian Drive, Corva	ullie Orego	Citizenship: USA					
Residence:	Same as Residence	ins, Orego						
Post Office Address:	tral		7/29/2002					
Inventor & Signature	/// \	Date	1011auc					
Full Name of # 4 joint inventor	:		Citizenship:					
Residence:								
Post Office Address:		· · · · · · · · · · · · · · · · · · ·						
Inv ntor's Signature		Date						
Full Name of # 5 joint inventor	1		Citizenship:					
Residence:								
Post Office Address:								
Inventor's Signature		Date						
Full Name of # 6 joint inventor	r:		Citizenship:					
Residence:								
Post Office Address:								
Inventor's Signature								
inventor s Signature		Date						
Full blooms of di 7 initial incomes			Obligantida					
Full Name of # 7 joint invento	vr:		Citizenship:					
Residence:								
Post Office Address:								
Inventor's Signature	-	Date	·					
Full Name of # 8 joint invento	or:		Citizenship:					
Residence:		··						
Post Office Address:								
Inventor's Signature		Date						